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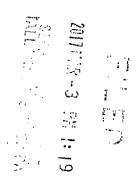
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PICK-UP WAIT MAIL
(Business Entity Name)
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Special Instructions to Filing Officer: AUAN SANTOS RIVERA HOVISLATO PUT COND AS SUMMY FOR NEW MANUE

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Amend Name Chy

MAR 7 2017 I ALBRITTON

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: EL TOQUE MAGICO CORP			
DOCUMENT NUMBER: P16000040771			
The enclosed Articles of	of Amendment and fee are sul	bmitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
	JUAN SANTOS RIVERA		
•		Name of Contact Persor	1
	EL TOQUE MAGICO CORF	•	
-		Firm/ Company	
	200 AVE K SE APT 132	·	
•		Address	
	WINTER HAVEN, FLORID	A 33880	
-	4.	City/ State and Zip Code	1
SANT	OSJUAN366@GMAIL.COM	1	
	E-mail address: (to be us	ed for future annual report	notification)
For further information	n concerning this matter, pleas		307-7005
Name of Contact Person		at (863	de & Daytime Telephone Number
Name c	of Confact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:			
□ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
, Mail	ling Address	Straat	Address
Mailing Address     Amendment Section		Street Address Amendment Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327		Clifton Building	
Tallahassee, FL 32314 2661 Executive Center Circle			
,		Tallaha	issee, FL 32301

## **Articles of Amendment** Articles of Incorporation of

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( <u>Name c</u>	of Corporation as currently	y filed with the Florida Dept. of State)		
P16000040771			10	
	(Document Number of	Corporation (if known)	- 11. 1 - 12. 1	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this A	Florida Profit Corporation adopts the follo	wing amendment(s) to	
A. If amending name, enter the new na	ame of the corporation:			
CHINO'S GENTLEMANS BARBER SH	HOP CORP.		The new	
name must be distinguishable and con	tain the word "corporation nation "Corp," "Inc," or "C	n," "company," or "incorporated" or the Co". A professional corporation name m	e abbreviation	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		120 W CENTRAL AVENUE		
		SUITE #12		
		WINTER HAVEN, FL. 33880		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		120 W CENTRAL AVENUE	·····	
		SUITE #12		
		WINTER HAVEN, FL. 33880		
D. If amending the registered agent an new registered agent and/or the new				
Name of New Registered Agent	JUAN SANTOS RIVERA			
	120 W CENTRAL AVENU	JE SUITE #12		
	(Florida stre	•		
New Registered Office Address:	WINTER HAVEN	, Florida	0	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

(C:tv)

(Zip Code)

## If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Namç</u>	<u>Addres</u> s
1) X Change	P	SANTOS RIVERA, JUAN	120 W CENTRAL
Add			SUITE #12
Remove			WINTER HAVEN, FL. 338x0
2) Change		_	
Add			
Remove			
3) Change			
			,
Add Remove			<del></del>
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	····		
Add			
Demove			

f an amendment provides for an exchange, reclassification, or cancellation of issued provisions for implementing the amendment if not contained in the amendment itsel (if not applicable, indicate N/A)	
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
3/1/2017 Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date v document's effective date on the Department of State's records.	vill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by''	
by"  (voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
3/1/2017	
Signature  (By a litrector, president of other officer — if directors or officers have not been selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)  () an Santos Riverp	
(Typed or printed name of person signing)	
Ď.	
<u> </u>	
(Title of person signing)	